

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516933

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4	1					
5	1					
6	1					
7	1					
8	1					
9						
10						
11						
12						
13						
14						
15						
16						
17	15					
18		1				
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1	0		
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1	1		
42			1	0		
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	1		↓	↓	↓	↓
TOTAL DEP.	30	←	←	←	←	←
TOTAL CLAIMS	31	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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63						
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66				4		
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95						
96						
97						
98						
99						
100						
TOTAL IND.	13	↓	↓	↓	↓	↓
TOTAL DEP.	49	←	←	←	←	←
TOTAL CLAIMS	52	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]